1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Adair County		State
	Street Address	1204 Greensburg St		
	City, State Zip	Columbia, KY 42728		Other:
			8	Method of Payment:
2	KDE Contact Information:	2011		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	<u>k</u> 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	ED FOR
5	Award Amount:	c $H$ $C$ $C$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$177,605.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	<mark>he</mark>	
12	period ending September 30, 20 Consortia/Partnership Member			
13			udant in man	ired for this program. The final federal cash request must be
15	submitted by December 8, 20	<u> </u>	uaget is requ	ired for this program. The final rederal cash request must be
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
	,, ,	Division of Next Generation Professionals		·

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Allen County		State
	Street Address	570 Oliver St.		□ Federal
	City, State Zip	Scottsville, KY 42164		Other:
			8	Method of Payment:
2	KDE Contact Information:	2011		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	k 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PI	REPAR	
5	Award Amount:	$c \cup c \subset c$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$139,530.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		UT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	<mark>he</mark>	30 (APR) 30 (APR) 50
12	period ending September 30, 20			
12	Consortia/Partnership Meml		lanaki	tread for white war war as The Condition of the Condition
13		<u> </u>	udget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<del>017.</del>		
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie		7	Fund Type:
	Agency Name	Anchorage Independent		State
	Street Address	11400 Ridge Rd		
	City, State Zip	Anchorage, KY 40223		Other:
			8	Method of Payment:
2	KDE Contact Information:	- AV /		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9 1	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	- 1	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &		
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P			
		PROFICIENT & P	REPAR	
5	Award Amount:	$c \mid l \mid c \mid c$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$7,129.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		AT OF E	outcomes.
	(All funds must be spent of encu period ending September 30, 20	umbered by September 30, 2017. The quarterly report for th	he	
12	Consortia/Partnership Member So, 20			
13	•		udget is requi	ired for this program. The final federal cash request must be
13	submitted by December 8, 20	· •	uuget is requi	ned for this program. The final rederal cash request must be
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Anderson County		State
	Street Address	1160 Bypass North		
	City, State Zip	Lawrenceburg, KY 40342		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.	-41///	Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	<b>§</b> 85	
	and the Uniform Administrati	ive Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$106,443.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		AT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	<mark>he</mark>	
42	period ending September 30, 20			
12	Consortia/Partnership Memb			- 16 H
13		· •	udget is requi	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Ashland Independent		State
	Street Address	PO Box 3000		
	City, State Zip	Ashland, KY 41101		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	16	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
-		ive Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
			REPAR	FD FOR
5	Award Amount:		11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$197,419.00	SUCC		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMEN	T OF E	outcomes.
	(All funds must be spent of encu	umbered by September 30, 2017. The quarterly report for the	e e	JOCATION
	period ending September 30, 20	17 must reflect encumbrances.)		
12	Consortia/Partnership Memb	bers:		
13	Special Instructions/Condition	ns: The submission of the Teacher Quality Program Bu	dget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
	The state of the s	Division of Next Generation Professionals		2000 20000 2
		Division of Next deficitation i foressionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Augusta Independent		State
	Street Address	307 Bracken St		□ Federal
	City, State Zip	Augusta, KY 41002		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	k 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P			
		PROFICIENT & P	REPAR	
5	Award Amount:	c $H$ $C$ $C$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$14,090.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		AT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for the	<mark>he</mark>	
12	period ending September 30, 20			
12	Consortia/Partnership Memb			the first fi
13		<u> </u>	uaget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Ballard County		State
	Street Address	3465 Paducah Rd		
	City, State Zip	Barlow, KY 42024		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	<b>§</b> 85	
		ive Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	c $H$ $C$ $C$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$61,118.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	<mark>he</mark>	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
12		117 must reflect encumbrances.)		
12	Consortia/Partnership Meml		1 11	· 16 ·11·
13			udget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<del>017.</del>		
14	Authorized By (Name/Title):			Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Barbourville Independent		State
	Street Address	PO Box 520		
	City, State Zip	Barbourville, KY 40906		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.	-41///	Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	7	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15	1 . \	
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	<b>§</b> 85	
		ve Requirements, Cost Principles, and Audit Requirem	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	ED FOR
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$47,300.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for t	<mark>:he</mark>	88/50/45 19/19/45/09/00
12	period ending September 30, 20			
12	Consortia/Partnership Memb		underski i	and for this program of the first forty to the
13		· •	sudget is requi	ired for this program. The final federal cash request must be
	submitted by December 8, 20	<del>017.</del>		
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Bardstown Independent		State
	Street Address	308 N Fifth St		□ Federal
	City, State Zip	Bardstown, KY 40004		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	$\mathbf{U}:ID$	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- /	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15	/ . N	
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	§ 85	
		ve Requirements, Cost Principles, and Audit Requirements	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$84,178.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for the	he	( Sept. 1988 - 1
12	period ending September 30, 20			
12	Consortia/Partnership Meml		1 11	· 16 ·11·
13		<u> </u>	udget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<del>017.</del>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		
	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Barren County		State
	Street Address	202 W Washington St		
	City, State Zip	Glasgow, KY 42141		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
	and the Uniform Administrati	ive Requirements, Cost Principles, and Audit Requireme	nts	
	for Federal Awards in 2 CFR P		M.	
		PROFICIENT & P	REPAR	ED FOR
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$173,477.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:		20.00	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		IT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for th	ie e	
42	period ending September 30, 20			
12	Consortia/Partnership Meml			
13		<u> </u>	ıdget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Bath County		State
	Street Address	405 W Main St		
	City, State Zip	Owingsville, KY 40360		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.	-44/	Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	. 85	
	and the Uniform Administrati	ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PI	REPAR	
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$123,566.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		IT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for th	<mark>ie</mark>	
42	period ending September 30, 20			
12	Consortia/Partnership Memb			- 16 M
13		<u> </u>	idget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Beechwood Independent		State
	Street Address	50 Beechwood Rd		
	City, State Zip	Fort Mitchell, KY 41017		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	Title II Consultants	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	-	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	P	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
		ve Requirements, Cost Principles, and Audit Requirement		4
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	C 11 C C	11	Evaluations: Districts must annually evaluate the use of teacher
	\$18,618.00	2000		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	e	
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	<u> </u>	dget is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		•

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Bell County		State
	Street Address	PO Box 340		
	City, State Zip	Pineville, KY 40977		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6		Federal Cash Request
	Program Consultant	Title II Consultants	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	_ ~	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-0	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			1	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	85	
'		ve Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	FD FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$266,781.00	SUCC		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	T OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	01 1_1	DOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•		dget is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		
L	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Bellevue Independent		State
	Street Address	219 Center St		
	City, State Zip	Bellevue, KY 41073		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	_	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	100	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			1	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	85	
-		ve Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	FD FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$37,131.00			and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	T OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	. 01 1-1	JOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	· •	dget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		
	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Berea Independent		State
	Street Address	3 Pirate Pkwy		□ Federal
	City, State Zip	Berea, KY 40403		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9 7	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	§ 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	$c \cup c \subset c$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$43,423.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		VT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for the	he	30 (APR) 30 (APR) 50
12	period ending September 30, 20			
12	Consortia/Partnership Memb		danak tahun 1	tread for the transfer of the first ford and the first transfer of
13			uaget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Boone County		State
	Street Address	8330 US 42		□ Federal
	City, State Zip	Florence, KY 41042		Other:
			8	Method of Payment:
2	KDE Contact Information:	2011		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	-	
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	k 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PI	REPAR	
5	Award Amount:	c $H$ $C$ $C$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$385,347.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	he	30 (APR) 30 (APR) 50
12	period ending September 30, 20			
12	Consortia/Partnership Memb			tread for the boundary of the first ford and and an arrange of the first ford and an arrange of the first ford and an arrange of the first ford and are a first ford and a first ford a first ford and a first ford and a first ford and a first ford a first ford and a first ford and a first ford and a first ford an
13		<u> </u>	udget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Bourbon County		State
	Street Address	3343 Lexington Rd		
	City, State Zip	Paris, KY 40361		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	§ 85	
	and the Uniform Administrati	ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$98,500.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		AT OF EI	outcomes.
		imbered by September 30, 2017. The quarterly report for the	<mark>he</mark>	
42	period ending September 30, 20			
12	Consortia/Partnership Meml			
13			udget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director	<u> </u>	Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Bowling Green Independent		State
	Street Address	1211 Center St		□ Federal
	City, State Zip	Bowling Green, KY 42101		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	<b>*</b>	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- V	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81	& 85	
		ve Requirements, Cost Principles, and Audit Requirem	nents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	CIICC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$200,794.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for	the	30 (APR) 30 (APR) 50
12	period ending September 30, 20			
12	Consortia/Partnership Memb		5	tread for white war war as The Condition of the Condition
13		<u> </u>	Budget is requi	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<del>017.</del>		
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Boyd County		State
	Street Address	1104 Bob McCullough Dr		
	City, State Zip	Ashland, KY 41102		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- /	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9 7	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	§ 85	
		ve Requirements, Cost Principles, and Audit Requirement	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$171,301.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	<mark>he</mark>	
12	period ending September 30, 20 Consortia/Partnership Meml			
13			udgot is room	ired for this program. The final federal cash request must be
13	submitted by December 8, 20	<u> </u>	uuget is redu	neu ior tins program. <mark>The final lederal cash request must be</mark>
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Boyle County		State
	Street Address	352 N Danville By-Pass		
	City, State Zip	Danville, KY 40422		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- /	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9 7	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	§ 85	
		ve Requirements, Cost Principles, and Audit Requirement	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$99,207.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		VT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for the	he	
12	period ending September 30, 20			
12	Consortia/Partnership Memb		lanak t	to differentia con conservati e finalità di la conservati e dindicata e di la conservati e di la conservati e di la conservati
13		<u> </u>	udget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<del>017.</del>		
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Bracken County		State
	Street Address	348 W Miami St		
	City, State Zip	Brooksville, KY 41004		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	-	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	100	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
	and the Uniform Administrati	ve Requirements, Cost Principles, and Audit Requiremer	nts	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$59,470.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		mbered by September 30, 2017. The quarterly report for the	•	88.75288 St. 554.854.9555
12	period ending September 30, 20 Consortia/Partnership Memb			
12	•		d==+ i= ==	ined for this was super. The final foderal such as week as well to
13		· •	aget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Breathitt County		State
	Street Address	PO Box 750		
	City, State Zip	Jackson, KY 41339		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	7	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
		ive Requirements, Cost Principles, and Audit Requireme	nts	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PI	REPAR	
5	Award Amount:	c $H$ $C$ $C$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$232,764.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		IT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for th	i <mark>e</mark>	1 (SA) (SA) (SA) (SA) (SA) (SA) (SA) (SA)
12	period ending September 30, 20			
12	Consortia/Partnership Meml		alaakta	in decade in the second
13		<u> </u>	laget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Breckinridge County		State
	Street Address	86 Airport Road		
	City, State Zip	Hardinsburg, KY 40143		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	_ ~	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
	and the Uniform Administrati	ive Requirements, Cost Principles, and Audit Requiremer	nts	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$150,076.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	e e	88.75288 St. 554.854.8555
12	period ending September 30, 20 Consortia/Partnership Meml			
12	· ·		al m a & ! a m a	ined for this was super. The final foderal and any arrange was the
13	•	· •	aget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Bullitt County		State
	Street Address	1040 Hwy 44 E		
	City, State Zip	Shepherdsville, KY 40165		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	_	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-0	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
-		ve Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$388,764.00	S U C C		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMEN	T OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	9	CATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	<u> </u>	dget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		
L	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Burgin Independent		State
	Street Address	PO Box B		□ Federal
	City, State Zip	Burgin, KY 40310		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	<u></u>	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- 1	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15	/ . N	
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	& 85	
		ve Requirements, Cost Principles, and Audit Requirements	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$12,360.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for t	: <mark>he</mark>	
12	period ending September 30, 20			
12	Consortia/Partnership Meml		Viciliana 1	to differentia con conservati e finalità di la conservati e dindicata e di la conservati e di la conservati e di la conservati
13		· · · · ·	Budget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<del>017.</del>		
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Butler County		State
	Street Address	PO Box 339		
	City, State Zip	Morgantown, KY 42261		Other:
			8	Method of Payment:
2	KDE Contact Information:	av c		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	_	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	7	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	85	
		ive Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$123,963.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	e	
12	period ending September 30, 20			
12	Consortia/Partnership Memi		1	- 16 vii
13	•	<u> </u>	dget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		
	<u> </u>	<u> </u>		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Caldwell County		State
	Street Address	PO Box 229		
	City, State Zip	Princeton, KY 42445		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.	-4 4 // //	Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	T-	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
		ve Requirements, Cost Principles, and Audit Requirement	nts	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$115,045.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	e	
12	period ending September 30, 20 Consortia/Partnership Memb			
13	•		daat is resu	ired for this program. The final federal cash request must be
13	submitted by December 8, 20	<u> </u>	laget is requ	ired for this program. The final federal cash request must be
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Calloway County		State
	Street Address	PO Box 800		
	City, State Zip	Murray, KY 42071		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	-	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	J-A	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
		ive Requirements, Cost Principles, and Audit Requirement		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$140,275.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:		50 00	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	e	
12	period ending September 30, 20			
12	Consortia/Partnership Meml		1	· 16 · 11 · · · · · · · · · · · · · · ·
13	•	· •	aget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		
				·

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Campbell County		State
	Street Address	101 Orchard Ln		
	City, State Zip	Alexandria, KY 41001		Other:
			8	Method of Payment:
2	KDE Contact Information:	2011		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	<u> </u>	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	-	
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	k 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PI	REPAR	
5	Award Amount:	c $H$ $C$ $C$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$109,961.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	he	
12	period ending September 30, 20			
12	Consortia/Partnership Meml			the district of the Control of the C
13		<u> </u>	udget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Campbellsville Independent		State
	Street Address	136 S Columbia		
	City, State Zip	Campbellsville, KY 42718		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	<b>§</b> 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P			
		PROFICIENT & P	REPAR	
5	Award Amount:	c $H$ $C$ $C$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$98,601.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for the	he	1 (SA) (SA) (SA) (SA) (SA) (SA) (SA) (SA)
12	period ending September 30, 20 Consortia/Partnership Meml			
13			udant in reserv	ired for this program. The final federal cash request must be
13	submitted by December 8, 20	<u> </u>	uaget is requ	ired for this program. The final federal cash request must be
14	Authorized By (Name/Title):			Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Carlisle County		State
	Street Address	4557 State Rt 1377		
	City, State Zip	Bardwell, KY 42023		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-0	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			1	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	35	
-		ve Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	EPAR	ED FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$42,635.00			and principal quality funds to ensure they are used to address
6	Period of Award:		-	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	T OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	0 -	JOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	• •	dget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
	, , , , , , , , , , , , , , , , , , , ,	Division of Next Generation Professionals		•, •

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Carroll County		State
	Street Address	813 Hawkins St		
	City, State Zip	Carrollton, KY 41008		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	_	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	The ST	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
		ive Requirements, Cost Principles, and Audit Requireme	nts	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PI	REPAR	
5	Award Amount:	c $H$ $C$ $C$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$97,349.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		IT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for th	i <mark>e</mark>	
12	period ending September 30, 20			
12	Consortia/Partnership Meml		.d.a.k.t	the distriction of the Constitution of the Con
13		<u> </u>	idget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<del>017.</del>		
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name	Carter County		State
	Street Address	228 S Carol Malone Blvd		□ Federal
	City, State Zip	Grayson, KY 41143		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	<b>/</b> _	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	-	
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81	& 85	
	and the Uniform Administrati	ve Requirements, Cost Principles, and Audit Requirem	nents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	ED FOR
5	Award Amount:	CIICC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$326,357.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for t	the	88.5 a.m. 30.5 M. 4 a.m. 2 m. 1
12	period ending September 30, 20 Consortia/Partnership Memb			
12	•		)l	ined for this program The final foderal and a second to the
13	submitted by December 8, 20	<u> </u>	Budget is requi	ired for this program. The final federal cash request must be
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
	, (	Division of Next Generation Professionals		· · · · · · · · · · · · · · · · · · ·
<u> </u>				

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Casey County		State
	Street Address	1922 N US 127		
	City, State Zip	Liberty, KY 42539		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	_ ~	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
		ive Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$166,114.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:		50 0	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	<mark>e</mark>	
12	period ending September 30, 20			
12	Consortia/Partnership Meml		1	· 16 ·11·
13	•	<u> </u>	aget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Caverna Independent		State
	Street Address	1102 N. Dixie Hwy		
	City, State Zip	Cave City, KY 42127		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	<u>k</u> 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$56,641.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for the	<mark>he</mark>	88.7 mars 3 5 5 7 4 4 4 7 7 7 C
12	period ending September 30, 20			
12	Consortia/Partnership Memb		1 11	
13			udget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<del>017.</del>		
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Christian County		State
	Street Address	PO Box 609		
	City, State Zip	Hopkinsville, KY 42241		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HIL	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	-	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-0	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	85	
	and the Uniform Administrati	ive Requirements, Cost Principles, and Audit Requiremen	nts	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$558,213.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the		88.75288 - 30.554 (40.555)
12	period ending September 30, 20 Consortia/Partnership Meml			
12	· ·		d==+!= ====	ined for this was super. The final foderal and any arrant was the
13	•	· •	iget is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20			
14	Authorized By (Name/Title):			Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Clark County		State
	Street Address	1600 W Lexington Ave		□ Federal
	City, State Zip	Winchester, KY 40391		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	<u>/</u>	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- 1	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	7	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15	/ . \	
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	& 85	
	and the Uniform Administrati	ve Requirements, Cost Principles, and Audit Requirem	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	ED FOR
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$251,855.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for t	<mark>:he</mark>	Barrows Survey Const.
12	period ending September 30, 20 Consortia/Partnership Memb			
12	•			- 16 Al
13	submitted by December 8, 20	· •	Budget is requi	red for this program. The final federal cash request must be
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
14	Additionized by (Name/ Inte).	Division of Next Generation Professionals		Date. October 23, 2013
		DIVISION OF NEXT GENERALION FROM SSIONALS		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Clay County		State
	Street Address	128 Richmond Rd		
	City, State Zip	Manchester, KY 40962		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
	and the Uniform Administrati	ve Requirements, Cost Principles, and Audit Requireme	nts	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PI	REPAR	
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$399,956.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		IT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for th	<mark>ie</mark>	
42	period ending September 30, 20			
12	Consortia/Partnership Meml			- 15 III
13		<u> </u>	idget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Clinton County		State
	Street Address	2353 N Hwy 127		Federal
	City, State Zip	Albany, KY 42602		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	F	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
		ive Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$127,407.00	2000		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMEN	T OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	e	DOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	· · · · ·	dget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		·

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Cloverport Independent		State
	Street Address	PO Box 37		
	City, State Zip	Cloverport, KY 40111		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	U:11	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- 1	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	<b>§</b> 85	
		ive Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$16,411.00	2066		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for t	he	88.50.003 33.554.60.550
12	period ending September 30, 20			
12	Consortia/Partnership Memb			
13		· •	ludget is requi	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<del>017.</del>		
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name	Corbin Independent		State
	Street Address	108 Roy Kidd Ave		
	City, State Zip	Corbin, KY 40701		Other:
			8	Method of Payment:
2	KDE Contact Information:	- AV /		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
•		ve Requirements, Cost Principles, and Audit Requireme		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PI	REPAR	RED FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$118,745.00	2000		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMEN	JT OF F	outcomes.
		imbered by September 30, 2017. The quarterly report for th	he	
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	<u> </u>	udget is req	uired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		*
1	•			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Covington Independent		State
	Street Address	25 E Seventh St		Federal
	City, State Zip	Covington, KY 41011		Other:
			8	Method of Payment:
2	KDE Contact Information:	· NA		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	<b>*</b>	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- 1	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	7	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	& 85	
	and the Uniform Administrati	ve Requirements, Cost Principles, and Audit Requirem	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$413,396.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for t	the	1 Sal Carlos - 3 (1.77) ( Sal Carlos
12	period ending September 30, 20 Consortia/Partnership Member			<u> </u>
13			Judget is reserve	ired for this program. The final federal cash request must be
13	submitted by December 8, 20	<u> </u>	suaget is requi	ired for this program. The final federal cash request must be
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		•

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Crittenden County		State
	Street Address	601 W Elm St		
	City, State Zip	Marion, KY 42064		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Title II Consultants	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	-	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
		ve Requirements, Cost Principles, and Audit Requirement		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	CILCC	11	Evaluations: Districts must annually evaluate the use of teacher
	\$88,638.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:		5.0	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		mbered by September 30, 2017. The quarterly report for the	e	
12	period ending September 30, 20			
12	Consortia/Partnership Meml		1	
13	•	• •	aget is requ	iired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			Date: October 29, 2015
		Division of Next Generation Professionals		
				· · · · · · · · · · · · · · · · · · ·

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name	Cumberland County		State
	Street Address	PO Box 420		Example 2   Federal   Fe
	City, State Zip	Burkesville, KY 42717		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>	2011		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15	. \	
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	k 85	
		ive Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & PI	REPAR	ED FOR
5	Award Amount:	c $H$ $C$ $C$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$82,536.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		UT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	<mark>he</mark>	
12	period ending September 30, 20 Consortia/Partnership Member			
			udgot is ros:	ired for this program. The final federal cash request must be
13	submitted by December 8, 20	· •	uaget is requ	ired for this program. The final federal cash request must be
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
	/ ( /	Division of Next Generation Professionals		-,

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Danville Independent		State
	Street Address	152 E Martin Luther King Blvd		
	City, State Zip	Danville, KY 40422		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	<u>/</u>	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
	_			Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	R 85	
•	- 1	ve Requirements, Cost Principles, and Audit Requirements		
	for Federal Awards in 2 CFR P		Circs	
		PROFICIENT & P	RFPAR	FD FOR
5	Award Amount:		11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$97,529.00	SUCC		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMEN	NT OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for t	the Crimin	JOCATION
	period ending September 30, 20	17 must reflect encumbrances.)		
12	Consortia/Partnership Memb	pers:		
13	Special Instructions/Condition	ns: The submission of the Teacher Quality Program B	Budget is requi	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
	The state of the s	Division of Next Generation Professionals		200000 20, 2020
		5.715.611 of Next Generation Froiessionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Daviess County		State
	Street Address	PO Box 21510		
	City, State Zip	Owensboro, KY 42304		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- /	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9 7	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	§ 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$359,505.00	2066		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for the	he	30 (APR) 30 (APR) 50
12	period ending September 30, 20			
12	Consortia/Partnership Memb		danak tahun 1	tread for the transfer of the first ford and the fi
13		<u> </u>	uaget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Dawson Springs Independent		State
	Street Address	118 E Arcadia Ave		
	City, State Zip	Dawson Springs, KY 42408		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	<u>/</u>	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- V	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	& 85	
		ve Requirements, Cost Principles, and Audit Requirem	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$26,066.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for t	:he	
12	period ending September 30, 20 Consortia/Partnership Memb			
13	•		Judgot is rock	ired for this program. The final federal cash request must be
13	submitted by December 8, 20	· •	suaget is requi	ired for this program. The final federal cash request must be
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Dayton Independent		State
	Street Address	200 Clay St		Federal
	City, State Zip	Dayton, KY 41074		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
		ve Requirements, Cost Principles, and Audit Requireme	nts	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PI	REPAR	
5	Award Amount:	c $H$ $C$ $C$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$74,463.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		IT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for th	i <mark>e</mark>	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
12	period ending September 30, 20			
12	Consortia/Partnership Memb		.d	in decade in the second
13			idget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<del>017.</del>		
14	Authorized By (Name/Title):			Date: October 29, 2015
		Division of Next Generation Professionals		
			·	

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	East Bernstadt Independent		State
	Street Address	PO Box 128		
	City, State Zip	East Bernstadt, KY 40729		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.	-44///	Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	<b>/</b>	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15	/ . \	
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	& 85	
		ve Requirements, Cost Principles, and Audit Requirem	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$26,069.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for t	<mark>:he</mark>	88.7 mars 3 5 5 7 4 4 4 7 7 7 C
12	period ending September 30, 20			
12	Consortia/Partnership Memb			- 16 11
13		<u> </u>	sudget is requi	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<del>017.</del>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Edmonson County		State
	Street Address	PO Box 129		
	City, State Zip	Brownsville, KY 42210		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	7	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	& 85	
	and the Uniform Administrati	ive Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P			
		PROFICIENT & P	REPAR	
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$113,955.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		AT OF EI	outcomes.
		umbered by September 30, 2017. The quarterly report for the	<mark>he</mark>	
42	period ending September 30, 20			
12	Consortia/Partnership Memb			- 16 M
13		· •	udget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Elizabethtown Independent		State
	Street Address	219 Helm St		
	City, State Zip	Elizabethtown, KY 42701		Other:
			8	Method of Payment:
2	KDE Contact Information:	01/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.	-44///	Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	§ 85	
	- 1	ve Requirements, Cost Principles, and Audit Requirements		
	for Federal Awards in 2 CFR P			
		PROFICIENT & P	REPAR	ED FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$86,805.00	5 U C C		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMEN	NT OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for t	he	ocation .
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13		<u> </u>	udget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		•

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Elliott County		State
	Street Address	PO Box 767		
	City, State Zip	Sandy Hook, KY 41171		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.	-44///	Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	The ST	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
		ve Requirements, Cost Principles, and Audit Requireme	nts	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PI	REPAR	
5	Award Amount:	c $H$ $C$ $C$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$95,370.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		IT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for th	i <mark>e</mark>	
12	period ending September 30, 20 Consortia/Partnership Meml			
13			idant in mani-	ired for this program. The final federal cash request must be
13	submitted by December 8, 20	<u> </u>	laget is requ	ired for this program. The final federal cash request must be
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Eminence Independent		State
	Street Address	291 W Broadway		
	City, State Zip	Eminence, KY 40019		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	<u>/</u>	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- /	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	7	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	<b>&amp;</b> 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$30,034.00	2066		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for the	: <mark>he</mark>	30 (APR) 30 (APR) 50 (APR) 50
12	period ending September 30, 20			
12	Consortia/Partnership Meml		underskiin on 1	tread for the transport of the first ford and treatment of the
13		<u> </u>	suaget is requi	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Erlanger-Elsmere Independent		State
	Street Address	500 Graves Ave		
	City, State Zip	Erlanger, KY 41018		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.	-41///	Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	<u>/</u> _	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	& 85	
	and the Uniform Administrati	ve Requirements, Cost Principles, and Audit Requirem	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$79,709.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for t	<mark>:he</mark>	88.7 mars 3 5 5 7 4 4 4 7 7 7 C
12	period ending September 30, 20			
12	Consortia/Partnership Memb			
13		<u> </u>	sudget is requi	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<del>017.</del>		
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Estill County		State
	Street Address	PO Box 930		
	City, State Zip	Irvine, KY 40336		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6		Federal Cash Request
	Program Consultant	Title II Consultants	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	_	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	85	
		ve Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$182,480.00	2 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:		50.00	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		mbered by September 30, 2017. The quarterly report for the	e	
12	period ending September 30, 20			
12	Consortia/Partnership Meml		1	· (c ) · · · · · · · · · · · · · · · · · ·
13	•		aget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Fairview Independent		State
	Street Address	2201 Main Street		Federal
	City, State Zip	Ashland, KY 41102		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
		ive Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$23,559.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:		5. 0	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	<mark>e</mark>	
12	period ending September 30, 20			
12	Consortia/Partnership Meml		1	· 16 ·11·
13	•	· · · · ·	aget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Fayette County		State
	Street Address	PO Box 55490		□ Federal
	City, State Zip	Lexington, KY 40555		Other:
			8	Method of Payment:
2	KDE Contact Information:	- OV /		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
	and the Uniform Administrati	ve Requirements, Cost Principles, and Audit Requireme	nts	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	
5	Award Amount:	CIICC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$1,426,516.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	<mark>e</mark>	- SACE 1007-2000
42	period ending September 30, 20			
12	Consortia/Partnership Meml			
13			idget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Fleming County		State
	Street Address	211 W Water St		Federal Other:
	City, State Zip	Flemingsburg, KY 41041		Other:
				-
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	Title II Consultants	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	-	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	J.P.	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
	and the Uniform Administrati	ve Requirements, Cost Principles, and Audit Requiremen	nts	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$141,036.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		mbered by September 30, 2017. The quarterly report for the	<mark>e</mark>	
12	period ending September 30, 20			
12	Consortia/Partnership Meml		1	- 16 dd
13	•	<u> </u>	dget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<del>J17.</del>		
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Floyd County		State
	Street Address	106 N Front Ave		□ Federal
	City, State Zip	Prestonsburg, KY 41653		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	<u>/</u>	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- 1	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9 7	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	<b>§</b> 85	
		ive Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$601,789.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for t	he	30 (APR) 30 (APR) 50
12	period ending September 30, 20			
12	Consortia/Partnership Memb			tread for the transfer of the first ford and the fi
13		· •	uaget is requi	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Fort Thomas Independent		State
	Street Address	28 N Ft Thomas Ave		
	City, State Zip	Fort Thomas, KY 41075		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	T-OF	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
-		ve Requirements, Cost Principles, and Audit Requireme		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	FD FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$62,131.00	5 U C C		and principal quality funds to ensure they are used to address
6	Period of Award:		-	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMEN	T OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for th	e e	OCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	• •	dget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		- 100
	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Frankfort Independent		State
	Street Address	506 West 2nd Street, Suite 2		
	City, State Zip	Frankfort, KY 40601		Other:
				3
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	<b>/</b>	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- V	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81	& 85	
		ve Requirements, Cost Principles, and Audit Requirem	nents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	ED FOR
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$65,765.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for t	the	36/5-45/5 S3/07/5-6/5-7/5-
12	period ending September 30, 20			
12	Consortia/Partnership Meml		d==4 ' '	and for this program of the first forty to the
13		<u> </u>	Budget is requi	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<del>017.</del>		
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Franklin County		State
	Street Address	916 E Main St		
	City, State Zip	Frankfort, KY 40601		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	74	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	10	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	5	
		ive Requirements, Cost Principles, and Audit Requirement		
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & PR	EPAR	ED FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$227,164.00	2066		and principal quality funds to ensure they are used to address
6	Period of Award:		54	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	1 ESO 1 (1 TO)	
12	period ending September 30, 20			
12	Consortia/Partnership Memi			- 16 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
13	•	<u> </u>	get is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20			
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Fulton County		State
	Street Address	2780 Moscow Ave		Federal Other:
	City, State Zip	Hickman, KY 42050		Other:
			8	Method of Payment:
2	KDE Contact Information:	all		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	-	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-0	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
		ve Requirements, Cost Principles, and Audit Requireme		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:		11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$60,115.00	2 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	<mark>e</mark>	
<u></u>	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•		dget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		
	•			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Fulton Independent		State
	Street Address	304 West State Line		
	City, State Zip	Fulton, KY 42041		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	& 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P			
		PROFICIENT & P	REPAR	
5	Award Amount:	$c \cup c \subset c$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$38,348.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		AT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for the	<mark>he</mark>	30 (APR) 30 (APR) 50 (APR) 50
12	period ending September 30, 20			
12	Consortia/Partnership Meml		da.a.t	to all for the transports of the first field of the field of the first
13		· •	udget is requi	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<del>017.</del>		
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Gallatin County		State
	Street Address	75 Boardwalk		
	City, State Zip	Warsaw, KY 41095		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.	11//	Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	T-OF	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
-		ive Requirements, Cost Principles, and Audit Requireme		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PI	REPAR	PED FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$72,980.00	5 U C C		and principal quality funds to ensure they are used to address
6	Period of Award:		-	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMEN	IT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for th		DOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	<u> </u>	ıdget is requ	uired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		
•	•			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Garrard County		State
	Street Address	322 W Maple St		
	City, State Zip	Lancaster, KY 40444		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	§ 85	
	and the Uniform Administrati	ive Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$114,058.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		AT OF EI	outcomes.
		umbered by September 30, 2017. The quarterly report for the	<mark>he</mark>	
42	period ending September 30, 20			
12	Consortia/Partnership Memb			
13			udget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director	<u> </u>	Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Glasgow Independent		State
	Street Address	PO Box 1239		
	City, State Zip	Glasgow, KY 42142		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	J-A	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
		ive Requirements, Cost Principles, and Audit Requirements		
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$113,032.00	2066		and principal quality funds to ensure they are used to address
6	Period of Award:		200	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	<mark>e</mark>	
42	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	· •	dget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		
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1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Grant County		State
	Street Address	820 Arnie Risen Boulevard		
	City, State Zip	Williamstown, KY 41097		Other:
			8	Method of Payment:
2	KDE Contact Information:	- 01/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.	-41///	Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9 7	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	<b>§</b> 85	
		ve Requirements, Cost Principles, and Audit Requirement	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$157,553.00	2066		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for the	he	30 (APR) 30 (APR) 50
12	period ending September 30, 20 Consortia/Partnership Memb			
13	•		udant in resul	ired for this program. The final federal cash request must be
13	submitted by December 8, 20	<u> </u>	luaget is requi	ired for this program. The final federal cash request must be
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Graves County		State
	Street Address	2290 State Rt 121 N		
	City, State Zip	Mayfield, KY 42066		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	Title II Consultants	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	-	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	J. P. O.	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
		ve Requirements, Cost Principles, and Audit Requirement		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$185,164.00	2000		and principal quality funds to ensure they are used to address
6	Period of Award:		5.0	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	e	
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	<u> </u>	dget is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		, in the second of the second

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Grayson County		State
	Street Address	PO Box 4009		Federal Other:
	City, State Zip	Leitchfield, KY 42754		Other:
			8	Method of Payment:
2	KDE Contact Information:	av c		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	- 4	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	K-O	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
		ve Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	CILCO	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$248,706.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:		20	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	e	
42	period ending September 30, 20			
12	Consortia/Partnership Meml			- 16 H
13	•	, ,	dget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Green County		State
	Street Address	PO Box 369		
	City, State Zip	Greensburg, KY 42743		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.	44///	Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	-	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-17	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			$\Lambda I$	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	35	
-	- 1	ve Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	EPAR	ED FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$93,838.00	S U C C		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	r of E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	01 = 1	JOCATION
	period ending September 30, 20			
12	Consortia/Partnership Memb			
13		<u> </u>	lget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
	, , , , , , , , , , , , , , , , , , , ,	Division of Next Generation Professionals		-,

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Greenup County		State
	Street Address	45 Musketeer Dr		
	City, State Zip	Greenup, KY 41144		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	74	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	L- O	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			A 1 -	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	5	
<u> </u>		ve Requirements, Cost Principles, and Audit Requirement		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	EPAR	ED FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$200,266.00	S U C C		and principal quality funds to ensure they are used to address
6	Period of Award:		-	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	01 1-1	JOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	•	get is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
	, , , , , , , , , , , , , , , , , , , ,	Division of Next Generation Professionals		-,

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Hancock County		State
	Street Address	83 State Rt 271 N		
	City, State Zip	Hawesville, KY 42348		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	_ ~ ~	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	4	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			A 1-	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	35	
-		ve Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	FPAR	FD FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$71,606.00	S U C C		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	r of E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	01 1-1	DOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	<u> </u>	lget is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		200000000000000000000000000000000000000
	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Hardin County		State
	Street Address	65 W A Jenkins Rd		Federal
	City, State Zip	Elizabethtown, KY 42701		Other:
			8	Method of Payment:
2	KDE Contact Information:	2V.C	7 10 10 1	Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-10-	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	35	
		ve Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	EPAR	ED FOR
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$508,821.00	2 0 6		and principal quality funds to ensure they are used to address
6	Period of Award:		5. 0	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the		
12	period ending September 30, 20			
12	Consortia/Partnership Memi			
13	•		iget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Harlan County		State
	Street Address	251 Ball Park Rd		
	City, State Zip	Harlan, KY 40831		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	<u> </u>	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	-	
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9 3	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	k 85	
	and the Uniform Administrati	ive Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PI	REPAR	
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$458,535.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		UT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	<mark>he</mark>	
42		017 must reflect encumbrances.)		
12	Consortia/Partnership Meml			- 16 H
13		· •	udget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Harlan Independent		State
	Street Address	420 E Central St		
	City, State Zip	Harlan, KY 40831		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	<u>/</u>	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- /	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9 7	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	<b>§</b> 85	
	and the Uniform Administrati	ve Requirements, Cost Principles, and Audit Requirement	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$49,628.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		AT OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	<mark>he</mark>	
42	period ending September 30, 20			
12	Consortia/Partnership Meml			- 16 H
13		<u> </u>	udget is requi	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Harrison County		State
	Street Address	308 Webster Ave		□ Federal
	City, State Zip	Cynthiana, KY 41031		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.	-44///	Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	1	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	. 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	11
	for Federal Awards in 2 CFR P			
		PROFICIENT & P	REPAR	
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$141,429.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		IT OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for th	<mark>ie</mark>	Statement Statem
12	period ending September 30, 20			
12	Consortia/Partnership Meml		1 11	
13		<u> </u>	idget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<del>017.</del>		
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Hart County		State
	Street Address	25 Quality Street		
	City, State Zip	Munfordville, KY 42765		Other:
			8	Method of Payment:
2	KDE Contact Information:	av c		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	-	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	J. P. O.	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
		ive Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$167,480.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:		5. 0	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	<mark>e</mark>	- SACE 1007-2000
12	period ending September 30, 20			
12	Consortia/Partnership Meml		1	
13	•	· •	aget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Hazard Independent		State
	Street Address	705 Main Street		
	City, State Zip	Hazard, KY 41701		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	-	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	P	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			1	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
'		ive Requirements, Cost Principles, and Audit Requirement		
	for Federal Awards in 2 CFR P			
			REPAR	FD FOR
5	Award Amount:	6 11 6 6	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$66,736.00	5 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMEN	T OF E	outcomes.
	(All funds must be spent of encu	umbered by September 30, 2017. The quarterly report for the	e e	JOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•		dget is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		200000000000000000000000000000000000000
	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Henderson County		State
	Street Address	1805 Second St		
	City, State Zip	Henderson, KY 42420		Other:
			8	Method of Payment:
2	KDE Contact Information:	01/6	1 11 11	Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-12	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	35	
		ive Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	EPAR	ED FOR
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$330,658.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:		5.5	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	2 250 5 0, 00	
12	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	•	iget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Henry County		State
	Street Address	326 S Main St		
	City, State Zip	New Castle, KY 40050		Other:
			8	Method of Payment:
2	KDE Contact Information:	- SV C	1 11 11 -	Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	L-O	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			$\Lambda I$	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	35	
		ve Requirements, Cost Principles, and Audit Requiremen		4
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	EPAR	ED FOR
5	Award Amount:	C II C C	11	Evaluations: Districts must annually evaluate the use of teacher
	\$95,596.00	5 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	T OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the		JOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	<u> </u>	dget is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		, in the second of the second
		<u> </u>		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Hickman County		State
	Street Address	416 Waterfield Dr		
	City, State Zip	Clinton, KY 42031		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	<b>§</b> 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	$c   \Pi   C   C$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$45,273.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for the	he	1 (SA) (SA) (SA) (SA) (SA) (SA) (SA) (SA)
12	period ending September 30, 20			
12	Consortia/Partnership Memb			in describing a second of the
13			uaget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Hopkins County		State
	Street Address	320 S Seminary St		
	City, State Zip	Madisonville, KY 42431		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-0	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	85	
		ive Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & PR	EPAR	ED FOR
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$378,987.00	5 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:		5.0	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the		
40	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	· •	dget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		
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1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Jackson County		State
	Street Address	PO Box 217		
	City, State Zip	McKee, KY 40447		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	7	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
		ve Requirements, Cost Principles, and Audit Requireme	nts	1
	for Federal Awards in 2 CFR P			
		PROFICIENT & PI	REPAR	
5	Award Amount:	c $H$ $C$ $C$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$207,962.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		IT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for th	i <mark>e</mark>	Statement Statem
12	period ending September 30, 20			
12	Consortia/Partnership Meml		1	· (c ) · · · · · · · · · · · · · · · · · ·
13			idget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<del>017.</del>		
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		
	<u> </u>	<u> </u>		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Jackson Independent		State
	Street Address	940 Highland Ave		□ Federal
	City, State Zip	Jackson, KY 41339		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	k 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PI	REPAR	
5	Award Amount:	c $H$ $C$ $C$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$20,927.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		UT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for the	<mark>he</mark>	88.50.003 33.554.60.550
12	period ending September 30, 20			
12	Consortia/Partnership Meml		1 11	
13		· •	udget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<del>017.</del>		
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Jefferson County		State
	Street Address	PO Box 34020		
	City, State Zip	Louisville, KY 40232		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	1	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	. 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PI	REPAR	
5	Award Amount:	c $H$ $C$ $C$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$4,501,279.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		IT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for th	ie e	350 (Section 1) 1 (Section 1)
12	period ending September 30, 20			
12	Consortia/Partnership Memb			the distriction of the Constitution of the Con
13		<u> </u>	idget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<del>017.</del>		
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Jenkins Independent		State
	Street Address	PO Box 74		
	City, State Zip	Jenkins, KY 41537		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	<b>§</b> 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	11
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$51,960.00	2066		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for the	he	1 (SA) (SA) (SA) (SA) (SA) (SA) (SA) (SA)
12	period ending September 30, 20			
12	Consortia/Partnership Meml			in decade in the second
13			uaget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Jessamine County		State
	Street Address	871 Wilmore Rd		
	City, State Zip	Nicholasville, KY 40356		Other:
			8	Method of Payment:
2	KDE Contact Information:	- DV		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	The Or	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
	_		A 1-	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
-	- 1	ve Requirements, Cost Principles, and Audit Requireme		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PE	RFPAR	FD FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$275,522.00	5 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMEN	IT OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	e e	JOCATION
	period ending September 30, 20			
12	Consortia/Partnership Memb			
13		<u> </u>	ıdget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
	, (	Division of Next Generation Professionals		····

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Johnson County		State
	Street Address	253 N Mayo Tr		
	City, State Zip	Paintsville, KY 41240		Other:
			8	Method of Payment:
2	KDE Contact Information:	01/6		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	Le Or	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			1	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	35	
-		ve Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	FPAR	FD FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$269,632.00	S U C C		and principal quality funds to ensure they are used to address
6	Period of Award:		-	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	T OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	01 1-1	JOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	<u> </u>	dget is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		
	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Kenton County		State
	Street Address	1055 Eaton Dr		
	City, State Zip	Fort Wright, KY 41017		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	§ 85	
		ive Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$357,901.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		AT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	<mark>he</mark>	
12	Consortia/Partnership Memi	117 must reflect encumbrances.)		
				ined for this program The final foderal and a second to the
13			uaget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Knott County		State
	Street Address	PO Box 869		
	City, State Zip	Hindman, KY 41822		Other:
			8	Method of Payment:
2	KDE Contact Information:	2110		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	-	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			1 1-	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	5	
<u> </u>		ve Requirements, Cost Principles, and Audit Requirement		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	EPAR	ED FOR
5	Award Amount:	C 11 C C	11	Evaluations: Districts must annually evaluate the use of teacher
	\$264,998.00	5 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	01 1=1	DOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	•	get is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
	, , , , , , , , , , , , , , , , , , , ,	Division of Next Generation Professionals		•, •

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Knox County		State
	Street Address	200 Daniel Boone Dr		
	City, State Zip	Barbourville, KY 40906		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	T-O	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
'		ive Requirements, Cost Principles, and Audit Requirement		
	for Federal Awards in 2 CFR P			
			REPAR	FD FOR
5	Award Amount:	6 11 6 6	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$439,987.00	$\mathbf{S}$ $\mathbf{U}$ $\mathbf{C}$ $\mathbf{C}$		and principal quality funds to ensure they are used to address
6	Period of Award:		-	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMEN	T OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	e e	JOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•		dget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		
	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	LaRue County		State
	Street Address	208 College St		
	City, State Zip	Hodgenville, KY 42748		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	_	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-0	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			1	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	85	
-		ve Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
			REPAR	FD FOR
5	Award Amount:		11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$112,969.00	SUCC		and principal quality funds to ensure they are used to address
6	Period of Award:		-	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	T OF E	outcomes.
	(All funds must be spent of encu	mbered by September 30, 2017. The quarterly report for the	9	DOCATION
	period ending September 30, 20	17 must reflect encumbrances.)		
12	Consortia/Partnership Meml			
13	•		dget is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		200000000000000000000000000000000000000
	<u> </u>			

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name	Laurel County		State
	Street Address	718 North Main Street		Federal
	City, State Zip	London, KY 40741		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	<b>/</b> _	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	-	
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81	& 85	
	and the Uniform Administrati	ve Requirements, Cost Principles, and Audit Requirem	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$532,315.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for t	the	1 (Sp. 1004) - 3 (J. 104) 4 (D. 104) (C. 104)
12	period ending September 30, 20 Consortia/Partnership Memb			
12	•		)d=a+!	ined for this program The final forty and the second second
13	submitted by December 8, 20		sudget is requ	ired for this program. The final federal cash request must be
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
	, (	Division of Next Generation Professionals		
L				

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Lawrence County		State
	Street Address	50 Bulldog Ln		
	City, State Zip	Louisa, KY 41230		Other:
			8	Method of Payment:
2	KDE Contact Information:	- N C		Federal Cash Request
	Program Consultant	Title II Consultants	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	74	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	7-1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			1 1-	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	5	
-		ive Requirements, Cost Principles, and Audit Requirement		
	for Federal Awards in 2 CFR P			
			FPAR	FD FOR
5	Award Amount:	6 11 6 6	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$220,057.00	SUCC		and principal quality funds to ensure they are used to address
6	Period of Award:		-	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	01 1-1	JOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	<u> </u>	get is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		
	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Lee County		State
	Street Address	PO Box 668		
	City, State Zip	Beattyville, KY 41311		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6	7 // 10 -	Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	-	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	35	
		ive Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	EPAR	ED FOR
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$124,463.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:		55 9	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		r of E	outcomes.
		umbered by September 30, 2017. The quarterly report for the		
42	period ending September 30, 20			
12	Consortia/Partnership Memi			
13	•	· •	iget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		
	<u> </u>	<u> </u>		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Leslie County		State
	Street Address	PO Box 949		Example 2   Federal   Fe
	City, State Zip	Hyden, KY 41749		Other:
			8	Method of Payment:
2	KDE Contact Information:	N/A		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	<b>*</b>	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81	& 85	
	and the Uniform Administrati	ve Requirements, Cost Principles, and Audit Requirem	nents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	ED FOR
5	Award Amount:	CIICC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$207,710.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for t	the	
12	period ending September 30, 20 Consortia/Partnership Member			
13			Quidant is rose:	ired for this program. The final federal cash request must be
15	submitted by December 8, 20	<u> </u>	suuget is requi	ired for this program. The final rederal cash request must be
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Letcher County		State
	Street Address	224 Park St		
	City, State Zip	Whitesburg, KY 41858		Other:
			8	Method of Payment:
2	KDE Contact Information:	. OV /		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
	and the Uniform Administrati	ve Requirements, Cost Principles, and Audit Requireme	nts	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$286,308.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		IT OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	<mark>e</mark>	
42	period ending September 30, 20			
12	Consortia/Partnership Meml			- 16 M
13		<u> </u>	idget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Lewis County		State
	Street Address	PO Box 159		
	City, State Zip	Vanceburg, KY 41179		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	-	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	J. P. O.	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
'		ive Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	FD FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$182,219.00	5 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMEN	T OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	e e	JOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	· •	dget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		
	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Lincoln County		State
	Street Address	PO Box 265		
	City, State Zip	Stanford, KY 40484		Other:
			8	Method of Payment:
2	KDE Contact Information:	2011		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	<u> </u>	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	-	
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	k 85	
		ive Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PI	REPAR	
5	Award Amount:	$c \cup c \subset c$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$247,647.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	he	
12	period ending September 30, 20			
12	Consortia/Partnership Meml			the district of the Control of the C
13		· · · · ·	udget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Livingston County		State
	Street Address	PO Box 219		Federal Other:
	City, State Zip	Smithland, KY 42081		Other:
				-
			8	Method of Payment:
2	KDE Contact Information:	21/6	1 11 11	Federal Cash Request
	Program Consultant	Title II Consultants	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	4	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	35	
	- 1	ve Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	EPAR	ED FOR
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$68,841.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:		20 00	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	880 8 (3 76)	Nachural States (States)
12	period ending September 30, 20			
12	Consortia/Partnership Meml			
13		• •	iget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<del>)17.</del>		
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Logan County		State
	Street Address	PO Box 417		
	City, State Zip	Russellville, KY 42276		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
	and the Uniform Administrati	ive Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PI	REPAR	
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$153,197.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		IT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	ne e	Services Control (Control)
42	period ending September 30, 20			
12	Consortia/Partnership Memb			
13		<u> </u>	udget is requ	iired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Ludlow Independent		State
	Street Address	525 Elm St		
	City, State Zip	Ludlow, KY 41016		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	<b>§</b> 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$42,743.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for the	<mark>he</mark>	88.7 mars 3 5 5 7 4 4 4 7 7 7 C
12	period ending September 30, 20			
12	Consortia/Partnership Memb			to differentia con conservati di Conservati
13			udget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<del>017.</del>		
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Lyon County		State
	Street Address	217 Jenkins Rd		
	City, State Zip	Eddyville, KY 42038		Other:
			8	Method of Payment:
2	KDE Contact Information:	OVC	W	Federal Cash Request
	Program Consultant	Title II Consultants	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	7	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	- Q	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			1 1	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 85		
-		ve Requirements, Cost Principles, and Audit Requirements		
	for Federal Awards in 2 CFR P			
			PAR	FD FOR
5	Award Amount:		11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$42,327.00	SUCC		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	OF E	• =
	(All funds must be spent of encu	imbered by September 30, 2017. The quarterly report for the		DOCATION
	period ending September 30, 20	17 must reflect encumbrances.)		
12	Consortia/Partnership Memb	pers:		
13	•	· · ·	et is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
	ramonized by (Hume, Hue).	Division of Next Generation Professionals		2440. 000000. 25, 2015
L		2.1.3.3 of New Generation (Tolessionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Madison County		State
	Street Address	PO Box 768		
	City, State Zip	Richmond, KY 40475		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9 7	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	k 85	
		ive Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P			
		PROFICIENT & P	REPAR	
5	Award Amount:	$c \cup c \subset c$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$445,367.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		AT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	<mark>he</mark>	
12	period ending September 30, 20 Consortia/Partnership Meml			
12				ined for this program The final foderal and a second to the
13			udget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie		7	Fund Type:
	Agency Name	Magoffin County		State
	Street Address	PO Box 109		Federal Other:
	City, State Zip	Salyersville, KY 41465		Other:
			8	Method of Payment:
2	KDE Contact Information:	av.		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	J-A	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
	and the Uniform Administrati	ve Requirements, Cost Principles, and Audit Requireme	nts	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PF	REPAR	ED FOR
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$242,362.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for th	<mark>e</mark>	
12	period ending September 30, 20 Consortia/Partnership Meml			
	· ·			ined for this was super. The final forders by the super transition
13	•		aget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):	· · · · · · · · · · · · · · · · · · ·		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Marion County		State
	Street Address	755 E Main St		
	City, State Zip	Lebanon, KY 40033		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-0	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			A 1-	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	85	
·		ive Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$165,524.00			and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	T OF E	outcomes.
		<mark>imbered by September 30, 2017. The quarterly report for the</mark>	- UI 1-1	DOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	<u> </u>	dget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
[		Division of Next Generation Professionals		
L	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Marshall County		State
	Street Address	86 High School Rd		
	City, State Zip	Benton, KY 42025		Other:
			8	Method of Payment:
2	KDE Contact Information:	01/6	1 11 11	Federal Cash Request
	Program Consultant	Title II Consultants	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	_ ~	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-0	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			1	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	35	
'		ve Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	FPAR	FD FOR
5	Award Amount:	C III C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$189,958.00	SUCC		and principal quality funds to ensure they are used to address
6	Period of Award:		-	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	T OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	01 1-1	DOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	· •	lget is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		
	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Martin County		State
	Street Address	104 E Main St		
	City, State Zip	Inez, KY 41224		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6	1 11 11	Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	- 4	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-0	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	35	
	and the Uniform Administrati	ive Requirements, Cost Principles, and Audit Requiremen	its	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	EPAR	ED FOR
5	Award Amount:	6 11 6 6	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$204,328.00	2 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:		50 00	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the		
12	period ending September 30, 20			
12	Consortia/Partnership Meml		l+!	the Control of the Co
13	•	<u> </u>	iget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		
			·	

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Mason County		State
	Street Address	PO Box 130		
	City, State Zip	Maysville, KY 41056		Other:
			8	Method of Payment:
2	KDE Contact Information:		W	Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII.	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	7	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	6	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			11-	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	5	
-		ive Requirements, Cost Principles, and Audit Requirement		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	EPAR	ED FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$158,499.00	5 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the		DOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	· •	get is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
	, , , , , , , , , , , , , , , , , , , ,	Division of Next Generation Professionals		•, •

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Mayfield Independent		State
	Street Address	914 East College St		Federal
	City, State Zip	Mayfield, KY 42066		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
	and the Uniform Administrati	ve Requirements, Cost Principles, and Audit Requireme	nts	
	for Federal Awards in 2 CFR P			
		PROFICIENT & P	REPAR	ED FOR
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$94,615.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		IT OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for th	i <mark>e</mark>	
40	period ending September 30, 20			
12	Consortia/Partnership Meml			
13			ıdget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	McCracken County		State
	Street Address	435 Berger Rd		
	City, State Zip	Paducah, KY 42001		Other:
			8	Method of Payment:
2	KDE Contact Information:	01/6	1 11 11	Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	Le Or	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			1	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	85	
'	- 1	ve Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	FPAR	FD FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$240,809.00	SUCC		and principal quality funds to ensure they are used to address
6	Period of Award:		-	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	T OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	01 1-1	DOCATION
	period ending September 30, 20			
12	Consortia/Partnership Memb			
13		· •	dget is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	McCreary County		State
	Street Address	120 Raider Way		
	City, State Zip	Stearns, KY 42647		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9 7	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	k 85	
	- 1	ve Requirements, Cost Principles, and Audit Requireme		
	for Federal Awards in 2 CFR P		*	
		PROFICIENT & PI	REPAR	ED FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$312,768.00	5 U C C		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMEN	NT OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for th	he	
	period ending September 30, 20			
12	Consortia/Partnership Memb			
13		· •	udget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Division of Next Generation Professionals		,

1	Name and Address of Recipie	ent:	7	Fund Type:	
	Agency Name	McLean County		State	
	Street Address	PO Box 245		Federal Other:	
	City, State Zip	Calhoun, KY 42327		Other:	
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Title II Consultants	HI	Expenditure Reimbursement	
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment	
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	-	Lump Sum	
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
			9	Reimbursement Frequency:	
3	Description/Fund Source of A	Award and Fiscal Year:	J.P.	Monthly	
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly	
	Fund Source	Title II, Part A Improving Teacher Quality		Other	
	CFDA#	84.367A			
	PR/AWARD NUMBER (FAIN)	S367A140016-14A			
	MUNIS Project Number	401B	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	3230002-15			
				Other	
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85		
		ve Requirements, Cost Principles, and Audit Requirement			
	for Federal Awards in 2 CFR P				
		PROFICIENT & PR	REPAR	ED FOR	
5	Award Amount:	CIICC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher	
	\$81,182.00	3 0 6 6		and principal quality funds to ensure they are used to address	
6	Period of Award:		50 00	identified needs and are effective in producing the desired	
	July 1, 2015 – September 30,		T OF E	outcomes.	
		imbered by September 30, 2017. The quarterly report for the	<mark>e</mark>	termine control (Color)	
42	period ending September 30, 2017 must reflect encumbrances.)				
12	Consortia/Partnership Meml				
13	•	• •	dget is requ	ired for this program. <mark>The final federal cash request must be</mark>	
	submitted by December 8, 20	<del>)17.</del>			
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015	
		Division of Next Generation Professionals			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Meade County		State
	Street Address	1155 Old Ekron Rd		
	City, State Zip	Brandenburg, KY 40108		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	74	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-12	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			1	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	5	
'		ive Requirements, Cost Principles, and Audit Requirement		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	FPAR	FD FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$196,979.00	SUCC		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the		DOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	<u> </u>	get is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		
	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Menifee County		State
	Street Address	202 Back St., PO Box 110		
	City, State Zip	Frenchburg, KY 40322		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	<u>/</u>	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- 1	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	7	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission <b>CDIP</b>
	Pass-through Number	3230002-15	/ . \	
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	& 85	
	and the Uniform Administrati	ve Requirements, Cost Principles, and Audit Requirem	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	ED FOR
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$81,718.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for t	: <mark>he</mark>	
12	period ending September 30, 20 Consortia/Partnership Memb			
13	•		Judgot is rose:	red for this program. The final federal cash request must be
15	submitted by December 8, 20	· •	auget is requi	red for this program. The final federal cash request must be
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Mercer County		State
	Street Address	371 E Lexington St.		
	City, State Zip	Harrodsburg, KY 40330		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	74	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	10	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			1 1-	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	5	
'		ve Requirements, Cost Principles, and Audit Requirement		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	FPAR	FD FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$146,039.00	SUCC		and principal quality funds to ensure they are used to address
6	Period of Award:		-	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	01 1-1	JOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	•	get is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		
	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Metcalfe County		State
	Street Address	109 Sartin Dr		
	City, State Zip	Edmonton, KY 42129		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	-	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	T- OF	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
		ve Requirements, Cost Principles, and Audit Requirement	nts	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	
5	Award Amount:	c $H$ $C$ $C$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$113,914.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	e	1 (SA) (SA) (SA) (SA) (SA) (SA) (SA) (SA)
12	period ending September 30, 20 Consortia/Partnership Memb			
13	•		daat is reserv	ired for this program. The final federal cash request must be
13	submitted by December 8, 20	<u> </u>	aget is requ	ired for this program. The final federal cash request must be
14	Authorized By (Name/Title):			Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Middlesboro Independent		State
	Street Address	PO Box 959		
	City, State Zip	Middlesboro, KY 40965		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	$U \in U$	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
	_			Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	& 85	
	- 1	ive Requirements, Cost Principles, and Audit Requireme		
	for Federal Awards in 2 CFR P		. X	
		PROFICIENT & P	REPAR	ED FOR
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$115,782.00	2000		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMEN	NT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for th	he	
	period ending September 30, 20			
12	Consortia/Partnership Memb			
13			udget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
	, , , , , , , , , , , , , , , , , , , ,	Division of Next Generation Professionals		,

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Monroe County		State
	Street Address	309 Emberton Street		
	City, State Zip	Tompkinsville, KY 42167		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	Title II Consultants	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	-	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	L-OF	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
-		ve Requirements, Cost Principles, and Audit Requirement		
	for Federal Awards in 2 CFR P		/	
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$123,159.00	5 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMEN	T OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	e e	JOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•		dget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
[		Division of Next Generation Professionals		
L	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Montgomery County		State
	Street Address	700 Woodford Drive		
	City, State Zip	Mount Sterling, KY 40353		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	_	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-0	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
	and the Uniform Administrati	ive Requirements, Cost Principles, and Audit Requiremer	nts	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	6 11 6 6	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$202,921.00	2 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:		20	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	e	
12	period ending September 30, 20			
12	Consortia/Partnership Memi		1	- 16 11
13	•	· •	dget is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20			
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Morgan County		State
	Street Address	212 University Dr		
	City, State Zip	West Liberty, KY 41472		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6	1 11 11	Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-0	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	35	
		ve Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	EPAR	ED FOR
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$188,758.00	5 U C C		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the		
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	• •	dget is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		, , , , , , , , , , , , , , , , , , ,

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Muhlenberg County		State
	Street Address	510 W Main Street		
	City, State Zip	Powderly, KY 42367		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- /	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	§ 85	
		ve Requirements, Cost Principles, and Audit Requirements	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$291,020.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for the	<mark>he</mark>	
12	period ending September 30, 20			
12	Consortia/Partnership Meml			the district of the Control of the C
13		<u> </u>	uaget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie		7	Fund Type:
	Agency Name	Murray Independent		State
	Street Address	208 S 13th St		
	City, State Zip	Murray, KY 42071		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	k 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P			
		PROFICIENT & P	REPAR	
5	Award Amount:	$c \cup c \subset c$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$62,100.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		UT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for the	<mark>he</mark>	30 (APR) 30 (APR) 50
12	period ending September 30, 20 Consortia/Partnership Memb			
12	•			ined for this program The final foderal section with
13		· •	uaget is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20			
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Nelson County		State
	Street Address	PO Box 2277		
	City, State Zip	Bardstown, KY 40004		Other:
			8	Method of Payment:
2	KDE Contact Information:	01/6	1 11 11	Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	Le Or	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			1	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	35	
-		ve Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
			FPAR	FD FOR
5	Award Amount:		11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$191,972.00	SUCC		and principal quality funds to ensure they are used to address
6	Period of Award:		-	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	T OF E	outcomes.
	(All funds must be spent of encu	mbered by September 30, 2017. The quarterly report for the	01 1-1	JOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	· •	dget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		
	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Newport Independent		State
	Street Address	301 E Eighth St		
	City, State Zip	Newport, KY 41071		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	16	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
-		ive Requirements, Cost Principles, and Audit Requireme		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$242,255.00	5 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMEN	T OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for th	e	JOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	· •	dget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
[		Division of Next Generation Professionals		
L	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Nicholas County		State
	Street Address	395 W Main St		
	City, State Zip	Carlisle, KY 40311		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	_	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	85	
		ive Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$75,024.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:		50.00	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	e	
12	period ending September 30, 20			
12	Consortia/Partnership Meml		1	· (c ) · · · · · · · · · · · · · · · · · ·
13	•	<u> </u>	aget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Ohio County		State
	Street Address	PO Box 70		
	City, State Zip	Hartford, KY 42347		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6	W III III	Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	-	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	L-O	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	85	
		ve Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$225,175.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:		5.0	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the		- SACE 1007-2000
12	period ending September 30, 20			
12	Consortia/Partnership Meml		1	
13	•	<u> </u>	aget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Oldham County		State
	Street Address	6165 W Hwy 146		
	City, State Zip	Crestwood, KY 40014		Other:
			8	Method of Payment:
2	KDE Contact Information:	- DV		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	T-6	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
		ve Requirements, Cost Principles, and Audit Requireme	nts	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PE	REPAR	
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$210,125.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	<mark>e</mark>	
12	period ending September 30, 20 Consortia/Partnership Memb			
13	•		idant is ros	ired for this program. The final federal cash request must be
13	submitted by December 8, 20		iaget is requ	ired for this program. The final federal cash request must be
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Owen County		State
	Street Address	1600 Hwy 22 E		
	City, State Zip	Owenton, KY 40359		Other:
			8	Method of Payment:
2	KDE Contact Information:	01/6		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	-	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			1 1-	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	5	
'		ve Requirements, Cost Principles, and Audit Requirement		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	FPAR	FD FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$104,658.00	SUCC		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	OF E	outcomes.
		mbered by September 30, 2017. The quarterly report for the	01 1-1	DOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	· •	get is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		
	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Owensboro Independent		State
	Street Address	450 Griffith Avenue		
	City, State Zip	Owensboro, KY 42302		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15	. \	
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	k 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PI	REPAR	
5	Award Amount:	c $H$ $C$ $C$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$317,957.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		UT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for th	<mark>he</mark>	30 (APR) 30 (APR) 50
12	period ending September 30, 20 Consortia/Partnership Meml			
13			udget is we see	ired for this program. The final federal cash request must be
13	submitted by December 8, 20	· •	uaget is requ	ired for this program. The final federal cash request must be
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Owsley County		State
	Street Address	PO Box 340		
	City, State Zip	Booneville, KY 41314		Other:
			8	Method of Payment:
2	KDE Contact Information:	- 5V C	1 11 11	Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	-	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	L-O	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
	_		1 1-	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	85	
-	- 1	ve Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
			FPAR	FD FOR
5	Award Amount:		11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$102,662.00	SUCC		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	T OF E	outcomes.
	(All funds must be spent of encu	imbered by September 30, 2017. The quarterly report for the		DOCATION
	period ending September 30, 20	17 must reflect encumbrances.)	_	
12	Consortia/Partnership Memb			
13	Special Instructions/Condition	ns: The submission of the Teacher Quality Program Buc	dget is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		
L		2.1.5.5.1 of Next Generation Floressionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Paducah Independent		State
	Street Address	PO Box 2550		
	City, State Zip	Paducah, KY 42003		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	<b>₹ 85</b>	
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P			
		PROFICIENT & P	REPAR	
5	Award Amount:	c $H$ $C$ $C$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$260,010.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for the	<mark>he</mark>	88.7508
12	period ending September 30, 20			
12	Consortia/Partnership Memb			the first feather was a second of the first feather than the second of the
13		<u> </u>	uaget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Paintsville Independent		State
	Street Address	305 2nd St		
	City, State Zip	Paintsville, KY 41240		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	k 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P			
		PROFICIENT & P	REPAR	
5	Award Amount:	c $H$ $C$ $C$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$37,893.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		AT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for the	<mark>he</mark>	
12	period ending September 30, 20			
12	Consortia/Partnership Meml			the first feather was a second of the first feather than the second of the
13		<u> </u>	uaget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Paris Independent		State
	Street Address	310 W Seventh St		
	City, State Zip	Paris, KY 40361		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	_	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-0	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
-		ve Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$59,585.00	5 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMEN	T OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	9	JOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	<u> </u>	dget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
[		Division of Next Generation Professionals		
L	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Pendleton County		State
	Street Address	2525 Hwy 27 N		
	City, State Zip	Falmouth, KY 41040		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6	1 11 11	Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-12	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	35	
	and the Uniform Administrati	ve Requirements, Cost Principles, and Audit Requiremen	nts	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	EPAR	ED FOR
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$127,529.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		mbered by September 30, 2017. The quarterly report for the		1 (SA 7000) - 10 (1994 0000)
12	period ending September 30, 20 Consortia/Partnership Meml			
12	· ·		d==+!= ==	ined for this program. The final fordered peak as well as
13	•	· · · ·	iget is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20			
14	Authorized By (Name/Title):			Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Perry County		State
	Street Address	315 Park Ave		Federal
	City, State Zip	Hazard, KY 41701		Other:
			8	Method of Payment:
2	KDE Contact Information:		N m	Federal Cash Request
	Program Consultant	Title II Consultants	HII	Expenditure Reimbursement
	Street Address	19th Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	44	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
	, .		9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	P	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			11-	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	5	
-		ive Requirements, Cost Principles, and Audit Requirement		
	for Federal Awards in 2 CFR P			
			FPAR	FD FOR
5	Award Amount:		11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$363,939.00	S U C C	100	and principal quality funds to ensure they are used to address
6	Period of Award:		-	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	OF E	·
		umbered by September 30, 2017. The quarterly report for the	OF L	JOCATION
	period ending September 30, 20	17 must reflect encumbrances.)		
12	Consortia/Partnership Memb	bers:		
13	•	•	get is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
	ramonized by (Hume, Hue).	Division of Next Generation Professionals		246. 00000. 23, 2013
L		2.1.3.5.1 of treat deficitation (forestional)		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Pike County		State
	Street Address	316 S Mayo Tr		
	City, State Zip	Pikeville, KY 41502		Other:
			8	Method of Payment:
2	KDE Contact Information:	av c		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	-	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-0	Monthly Quarterly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
	and the Uniform Administrati	ve Requirements, Cost Principles, and Audit Requiremer	nts	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$710,158.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		mbered by September 30, 2017. The quarterly report for the	•	
12	period ending September 30, 20 Consortia/Partnership Meml			
12	· ·		d==+ i= ==	ined for this program. The final fordered cook was ready to
13	submitted by December 8, 20	<u> </u>	uget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	•			
14	Authorized By (Name/Title):			Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Pikeville Independent		State
	Street Address	148 Second St		
	City, State Zip	Pikeville, KY 41501		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	1	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	. 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PI	REPAR	
5	Award Amount:	c $H$ $C$ $C$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$83,456.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		IT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for th	ie e	
12	period ending September 30, 20 Consortia/Partnership Meml			
13			idant in reserv	ired for this program. The final federal cash request must be
13	submitted by December 8, 20	<u> </u>	laget is requ	ired for this program. The final federal cash request must be
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Pineville Independent		State
	Street Address	401 Virginia Ave		
	City, State Zip	Pineville, KY 40977		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	§ 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	1
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$42,957.00	2066		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for the	he	1 (SA) (SA) (SA) (SA) (SA) (SA) (SA) (SA)
12	period ending September 30, 20			
12	Consortia/Partnership Meml			in describing a second with the second secon
13			udget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<del>017.</del>		
14	Authorized By (Name/Title):			Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Powell County		State
	Street Address	PO Box 430		
	City, State Zip	Stanton, KY 40380		Other:
			8	Method of Payment:
2	KDE Contact Information:	01/6	1 11 11	Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-10-	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			1	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	35	
'		ive Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	FPAR	FD FOR
5	Award Amount:	C III C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$169,429.00	SUCC		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	T OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the		DOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	•	lget is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		
	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Pulaski County		State
	Street Address	PO Box 1055		
	City, State Zip	Somerset, KY 42502		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	_	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
		ve Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$439,710.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:		50.00	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		mbered by September 30, 2017. The quarterly report for the	e	
12	period ending September 30, 20			
12	Consortia/Partnership Meml		1	
13	•	· •	aget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Raceland Independent		State
	Street Address	600 Ram Blvd		□ Federal
	City, State Zip	Raceland, KY 41169		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	§ 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	$c   \Pi   C   C$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$36,700.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for the	<mark>he</mark>	
12	period ending September 30, 20 Consortia/Partnership Meml			
12				ined for this was supposed. The final forders by the supposed by
13			uaget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Robertson County		State
	Street Address	PO Box 108		
	City, State Zip	Mount Olivet, KY 41064		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	<u></u>	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	-	
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	k 85	
	and the Uniform Administrati	ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PI	REPAR	ED FOR
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$23,272.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:		5	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		AT OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for th	<mark>he</mark>	
	period ending September 30, 20			
12	Consortia/Partnership Memb			
13		· •	udget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Rockcastle County		State
	Street Address	245 Richmond St		Federal Other:
	City, State Zip	Mount Vernon, KY 40456		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.	-44///	Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	K-O	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	. 85	
		ve Requirements, Cost Principles, and Audit Requireme		
	for Federal Awards in 2 CFR P	art 200.	*	
		PROFICIENT & PI	REPAR	ED FOR
5	Award Amount:	6 11 6 6	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$193,389.00	2 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:		50.00	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		IT OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	<mark>ie</mark>	
12	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	<u> </u>	udget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie		7	Fund Type:
	Agency Name	Rowan County		State
	Street Address	121 E Second St		Federal
	City, State Zip	Morehead, KY 40351		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	_ ~	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	L-O	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			1	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	35	
-		ve Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
			FPAR	FD FOR
5	Award Amount:	6 11 6 6	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$185,503.00	SUCC		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	T OF E	outcomes.
	(All funds must be spent of encu	mbered by September 30, 2017. The quarterly report for the	01 1-1	DOCATION
	period ending September 30, 20		•	
12	Consortia/Partnership Meml			
13	•	• •	dget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
	The state of the s	Division of Next Generation Professionals		2000. 20, 2020
L	<u> </u>	2.1.3.3.7 Of ITEM GENERALISH FORESSIONALS		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Russell County		State
	Street Address	404 S. Main St.		
	City, State Zip	Jamestown, KY 42629		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6	1 11 11	Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	L-O	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			1	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	35	
-		ve Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	FPAR	FD FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$173,938.00	SUCC		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	T OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	01 1-1	DOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	· · · ·	dget is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		
	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Russell Independent		State
	Street Address	409 Belfont St		
	City, State Zip	Russell, KY 41169		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	Title II Consultants	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	F	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			A 1-	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
-		ve Requirements, Cost Principles, and Audit Requirement		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	FD FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$81,285.00	5 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:		-	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMEN	T OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	e e	DOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•		dget is requ	iired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		
	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Russellville Independent		State
	Street Address	355 S Summer St		
	City, State Zip	Russellville, KY 42276		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	<u>/</u>	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- 1	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	7	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	<b>&amp;</b> 85	
		ve Requirements, Cost Principles, and Audit Requirem	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	CIICC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$54,279.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for t	: <mark>he</mark>	40 (APR) 3 (APR) 4 (AP
12	period ending September 30, 20			
12	Consortia/Partnership Meml		underskiin on 1	tread for the transfer of the first ford and tread arranged at the
13		<u> </u>	suaget is requi	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Science Hill Independent		State
	Street Address	6007 N Hwy 27		
	City, State Zip	Science Hill, KY 42553		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	T-6	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
		ve Requirements, Cost Principles, and Audit Requireme	nts	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PE	REPAR	
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$12,311.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		IT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for th	i <mark>e</mark>	
12	period ending September 30, 20 Consortia/Partnership Meml			
13			idant in mani-	ired for this program. The final federal cash request must be
13	submitted by December 8, 20		laget is requ	ired for this program. The final federal cash request must be
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Scott County		State
	Street Address	PO Box 578		
	City, State Zip	Georgetown, KY 40324		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6	1 11 11	Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-0	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			1	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	35	
-		ve Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
			FPAR	FD FOR
5	Award Amount:		11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$235,366.00	SUCC		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	T OF E	outcomes.
	(All funds must be spent of encu	mbered by September 30, 2017. The quarterly report for the	01 1	JOCATION
	period ending September 30, 20	17 must reflect encumbrances.)		
12	Consortia/Partnership Memb	pers:		
13	•	· · · ·	dget is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
	The state of the s	Division of Next Generation Professionals		2000 20000 2
L	<u> </u>	2.1.3.3.7 OF TEXA GENERALISH FORESSIONALS		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Shelby County		State
	Street Address	PO Box 159		Federal
	City, State Zip	Shelbyville, KY 40066		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6	W III III	Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HIL	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	-	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-0	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	85	
		ive Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$192,241.00	5 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		<mark>imbered by September 30, 2017. The quarterly report for the</mark>		
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	<u> </u>	dget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		•
	1			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Silver Grove Independent		State
	Street Address	PO Box 400		
	City, State Zip	Silver Grove, KY 41085		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15	. \	
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	k 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PI	REPAR	
5	Award Amount:	c $H$ $C$ $C$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$7,252.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		UT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for th	<mark>he</mark>	30 (APR) 30 (APR) 50
12	period ending September 30, 20 Consortia/Partnership Meml			
13			udget is we see	ired for this program. The final federal cash request must be
13	submitted by December 8, 20	· •	uaget is requ	ired for this program. The final federal cash request must be
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Simpson County		State
	Street Address	430 South College Street		
	City, State Zip	Franklin, KY 42135		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.	-44///	Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	₹ 85	
-	- 1	ve Requirements, Cost Principles, and Audit Requirements		
	for Federal Awards in 2 CFR P		700	
		PROFICIENT & P	RFPAR	FD FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$126,470.00	SUCC		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMEN	NT OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	he	DOCATION
	period ending September 30, 20			
12	Consortia/Partnership Memb			
13			udget is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
	,, , , , , , , , , , , , , , , , , , , ,	Division of Next Generation Professionals		•, • •

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Somerset Independent		State
	Street Address	305 N College St		
	City, State Zip	Somerset, KY 42502		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9 9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	k 85	
	- 1	ve Requirements, Cost Principles, and Audit Requireme		
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & PI	REPAR	ED FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$79,480.00	2 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMEN	NT OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for th	he	
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13		· •	udget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		•

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Southgate Independent		State
	Street Address	Wm Blatt and Evergreen		
	City, State Zip	Southgate, KY 41071		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>	21/6		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	_	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	L-O	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	85	
		ve Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$10,228.00	5 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the		
	period ending September 30, 20			
12	Consortia/Partnership Memb			
13	•	<u> </u>	dget is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
	,, , ,	Division of Next Generation Professionals		·
		<u> </u>		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Spencer County		State
	Street Address	207 W Main St		Federal
	City, State Zip	Taylorsville, KY 40071		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	<u>/</u>	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	& 85	
		ve Requirements, Cost Principles, and Audit Requirem	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	ED FOR
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$78,938.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for t	:he	
12	period ending September 30, 20 Consortia/Partnership Member			
13			ludget is requi	ired for this program. The final federal cash request must be
15	submitted by December 8, 20	· •	duget is requi	neu for this program. <mark>The final federal cash request must be</mark>
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
	•	Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Taylor County		State
	Street Address	1209 E Broadway		
	City, State Zip	Campbellsville, KY 42718		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	<b>§</b> 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	$c \cup c \subset c$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$99,736.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for the	he	1 (SA) (SA) (SA) (SA) (SA) (SA) (SA) (SA)
12	period ending September 30, 20			
12	Consortia/Partnership Memb			in decade in the second
13		<u> </u>	uaget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Todd County		State
	Street Address	205 Airport Rd		
	City, State Zip	Elkton, KY 42220		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	§ 85	
		ive Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	c   II	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$107,998.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	<mark>he</mark>	
12	period ending September 30, 20 Consortia/Partnership Meml			
12				ined for this was supposed. The final forders by the supposed by
13		<u> </u>	uaget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Trigg County		State
	Street Address	202 Main St		
	City, State Zip	Cadiz, KY 42211		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6	W III III	Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	-	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	L-O	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	85	
		ive Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	REPAR	ED FOR
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$96,951.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:		5.0	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the		- SACE 1007-2000
12	period ending September 30, 20			
12	Consortia/Partnership Meml		1	
13	•	<u> </u>	dget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Trimble County		State
	Street Address	PO Box 275		
	City, State Zip	Bedford, KY 40006		Other:
			8	Method of Payment:
2	KDE Contact Information:	31/		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P			
		PROFICIENT & PI	REPAR	
5	Award Amount:	c $H$ $C$ $C$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$67,418.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	INCIDIOUS IL LEGIS INTEN	IT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for th	<mark>ie</mark>	5 - 84 (Sale) - 10 (107 - 64 (Sale) - 62 (Sale) - 62 (Sale) - 63 (
12	period ending September 30, 20			
12	Consortia/Partnership Meml			indfauthions were The Control of the Control
13		<u> </u>	idget is requ	iired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<del>017.</del>		
14	Authorized By (Name/Title):			Date: October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Union County		State
	Street Address	510 S Mart St		
	City, State Zip	Morganfield, KY 42437		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	T-O	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			A 1-	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	85	
-		ve Requirements, Cost Principles, and Audit Requirements		
	for Federal Awards in 2 CFR P			
			REPAR	FD FOR
5	Award Amount:		11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$127,995.00	SUCC		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMEN	T OF E	outcomes.
	(All funds must be spent of encu	imbered by September 30, 2017. The quarterly report for the	e e	JOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	<u> </u>	dget is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		
	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Walton-Verona Independent		State
	Street Address	16 School Rd		
	City, State Zip	Walton, KY 41094		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>	N/A		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	$\mathbf{U}:ID$	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	<b>/</b>	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- /	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81	& 85	
	and the Uniform Administrati	ve Requirements, Cost Principles, and Audit Requirem	nents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	ED FOR
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$47,403.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for t	the	88.75a88 35.5544000000
12	period ending September 30, 20 Consortia/Partnership Memb			
12	•			
13	submitted by December 8, 20	<u> </u>	Budget is requ	ired for this program. <mark>The final federal cash request must be</mark>
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
	The state of the s	Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Warren County		State
	Street Address	PO Box 51810		
	City, State Zip	Bowling Green, KY 42102		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	§ 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	$c   \Pi   C   C$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$454,058.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		AT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for the	he	30 (APR) 30 (APR) 50
12	period ending September 30, 20			
12	Consortia/Partnership Meml			tread for the transfer of the first ford and the fi
13			uaget is requi	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Washington County		State
	Street Address	PO Box 72		
	City, State Zip	Springfield, KY 40069		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9 7	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	§ 85	
		ve Requirements, Cost Principles, and Audit Requireme	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	$c   \Pi   C   C$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$94,127.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		VT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for the	he	
12	period ending September 30, 20			
12	Consortia/Partnership Memb		danak tahun 1	the district of the Control of the C
13			uaget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20			
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Wayne County		State
	Street Address	1025 Main St		
	City, State Zip	Monticello, KY 42633		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6	1 11 11	Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HI	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			A 1-	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	85	
'		ve Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	FPAR	FD FOR
5	Award Amount:	C 11 C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$266,454.00	SUCC		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	T OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for the	01 1-1	DOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•	· · · ·	dget is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		
	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Webster County		State
	Street Address	28 State Rt 1340		
	City, State Zip	Dixon, KY 42409		Other:
			8	Method of Payment:
2	KDE Contact Information:	21/6	1 11 11	Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	- 4	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
			1	Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	35	
'		ve Requirements, Cost Principles, and Audit Requiremen		
	for Federal Awards in 2 CFR P			
			FPAR	FD FOR
5	Award Amount:	6 11 6 6	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$109,651.00	SUCC		and principal quality funds to ensure they are used to address
6	Period of Award:		-	identified needs and are effective in producing the desired
	July 1, 2015 – September 30,	2017 KENTUCKY DEPARTMENT	T OF E	outcomes.
	(All funds must be spent of encu	imbered by September 30, 2017. The quarterly report for the	1 01 1-1	JOCATION
	period ending September 30, 20			
12	Consortia/Partnership Meml			
13	•		lget is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		2000 20000 20, 2020
	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	West Point Independent		State
	Street Address	PO Box 367		Federal
	City, State Zip	West Point, KY 40177		Other:
			8	Method of Payment:
2	KDE Contact Information:	· NA		Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	<b>/</b>	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- 1	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9 3	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15	1 . \	
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	& 85	
	and the Uniform Administrati	ve Requirements, Cost Principles, and Audit Requirem	ents	
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	ED FOR
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$16,277.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for t	the	
12	period ending September 30, 20 Consortia/Partnership Memb			
	•		)daot is assert	ired for this program. The final federal cash request must be
13	submitted by December 8, 20	<u> </u>	suaget is requ	ired for this program. The final federal cash request must be
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
	The state of the s	Division of Next Generation Professionals		200000 20, 2020
	<u> </u>	zs. o. wext deficitation i foressionals		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name	Whitley County		State
	Street Address	300 Main St		
	City, State Zip	Williamsburg, KY 40769		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>	21/6	W	Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>	HII	Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306		Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1-0	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Monthly Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A		
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 & 8	35	
	and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements			
	for Federal Awards in 2 CFR P			
		PROFICIENT & PR	EPAR	ED FOR
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$337,572.00	5 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		<mark>imbered by September 30, 2017. The quarterly report for the</mark>		
	period ending September 30, 20			
12	Consortia/Partnership Memb			
13	•	<u> </u>	dget is requ	ired for this program. The final federal cash request must be
	submitted by December 8, 20	<mark>017.</mark>		
14	Authorized By (Name/Title):	Robin Hebert, Director		<b>Date:</b> October 29, 2015
	, ( : :, :)	Division of Next Generation Professionals		,

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name	Williamsburg Independent		State
	Street Address	1000 Main St		
	City, State Zip	Williamsburg, KY 40769		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	<b>/</b>	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	7	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81	& 85	
	and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements			
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	CILCC	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$63,908.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		imbered by September 30, 2017. The quarterly report for t	the	88.7508
12	period ending September 30, 2017 must reflect encumbrances.)			
12	Consortia/Partnership Meml			the distriction of the Constitution of the Con
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The final federal cash request must be			
	submitted by December 8, 20	<del>017.</del>		
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Williamstown Independent		State
	Street Address	300 Helton St		
	City, State Zip	Williamstown, KY 41097		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.	-	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A	/	Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	<b>§</b> 85	
	and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements			
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$29,484.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for the	he	1 (SA) (SA) (SA) (SA) (SA) (SA) (SA) (SA)
12	period ending September 30, 2017 must reflect encumbrances.)			
12	Consortia/Partnership Memb			in decade in a superior of the first factor of
13	<u> </u>			
	submitted by December 8, 20	<del>017.</del>		
14	Authorized By (Name/Title):	Robin Hebert, Director		Date: October 29, 2015
		Division of Next Generation Professionals		
	<u> </u>			

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Wolfe County		State
	Street Address	PO Box 160		
	City, State Zip	Campton, KY 41301		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	/	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:	1	Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 8	<u>k</u> 85	
	and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements			
	for Federal Awards in 2 CFR P	art 200.		
		PROFICIENT & P	REPAR	
5	Award Amount:	C II C C	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$144,916.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		NT OF E	outcomes.
		Imbered by September 30, 2017. The quarterly report for the	<mark>he</mark>	88.7 mars 3 5 5 7 4 4 4 7 7 7 C
12	period ending September 30, 2017 must reflect encumbrances.)			
12	Consortia/Partnership Memb		1 11	
13				
	submitted by December 8, 20	<del>017.</del>		
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name	Woodford County		State
	Street Address	330 Pisgah Pk		
	City, State Zip	Versailles, KY 40383		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	<u>Title II Consultants</u>		Expenditure Reimbursement
	Street Address	19 <sup>th</sup> Floor, 500 Mero St.		Automatic Payment
	Budget Contact	Stephanie Mack, 502-564-1979 Ext. 4306	<u> </u>	Lump Sum
	Street Address	16 <sup>th</sup> Floor, 500 Mero St.		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601	-	
			9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		Monthly
	Description	FY2017 Title II, Part A Improving Teacher Quality		Quarterly
	Fund Source	Title II, Part A Improving Teacher Quality		Other
	CFDA#	84.367A		
	PR/AWARD NUMBER (FAIN)	S367A140016-14A	9	
	MUNIS Project Number	401B	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3230002-15		
				Other
4	Grant Authority (Source): NO	CLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 81 &	k 85	
	and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements			
	for Federal Awards in 2 CFR P			
		PROFICIENT & P	REPAR	
5	Award Amount:	$c \cup c \subset c$	11	<b>Evaluations:</b> Districts must annually evaluate the use of teacher
	\$125,351.00	3 0 6 6		and principal quality funds to ensure they are used to address
6	Period of Award:			identified needs and are effective in producing the desired
	July 1, 2015 – September 30,		T OF E	outcomes.
		umbered by September 30, 2017. The quarterly report for the	he	
12	period ending September 30, 2017 must reflect encumbrances.)			
12	Consortia/Partnership Meml			to differentia anno management de la constanta
13		· •	udget is requ	ired for this program. <mark>The final federal cash request must be</mark>
	submitted by December 8, 20	<del>017.</del>		
14	Authorized By (Name/Title):			<b>Date:</b> October 29, 2015
		Division of Next Generation Professionals		